

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000143130

Entity Name: TAYLOR MORRISON ESPLANADE NAPLES, LLC**Current Principal Place of Business:**4900 N. SCOTTSDALE ROAD, SUITE 2000
SCOTTSDALE, AZ 85251**Current Mailing Address:**4900 N. SCOTTSDALE ROAD, SUITE 2000
SCOTTSDALE, AZ 85251 US**FEI Number:** 45-4100117**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE, SUITE A
TALLAHASSEE, FL 32308 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name TAYLOR MORRISON OF FLORIDA, INC.
Address 4900 N. SCOTTSDALE ROAD, SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title CFO, EXECUTIVE VICE PRESIDENT
Name VANHYFTE, CURTIS ("CURT")
Address 4900 N. SCOTTSDALE ROAD, SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title ASST. SECRETARY
Name ESTRADA, CAROLINE G.
Address 4900 N. SCOTTSDALE ROAD, SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title VP
Name PALKA, RUSSELL
Address 551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip: SARASOTA FL 34232

Title PRESIDENT
Name KEMPTON, JOHN STEVEN
Address 551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip: SARASOTA FL 34232

Title SECRETARY, EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER
Name MERRILL, S. TODD
Address 4900 N. SCOTTSDALE ROAD, SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title VP
Name LONGENECKER, CAMMIE L.
Address 551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VICE PRESIDENT
Name MCCHESENEY, VALERIE
Address WALDROP BUILDING, 28100 BONITA GRANDE DRIVE SUITE 102
City-State-Zip: BONITA SPRINGS FL 34135

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE G. ESTRADA**ASSISTANT SECRETARY** 06/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name MCNEIL, CHRISTY A.
Address 6440 OAK CANYON, SUITE 200
City-State-Zip: IRVINE CA 92618

Title VP, ASST. SECRETARY
Name SHEPPARD, SHANNON
Address 3030 N ROCKY POINT DR., SUITE 710
City-State-Zip: TAMPA FL 33607

Title VP, ASST. SECRETARY
Name NOVELL, CANDACE ("CANDI")
Address 6440 OAK CANYON, SUITE 200
City-State-Zip: IRVINE CA 92618

Title VP
Name CARRUTHERS, RICHARD (RICK")
Address 7785 BAYMEADOWS WAY, SUITE 105
City-State-Zip: JACKSONVILLE FL 32256